

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

210/66 US  
09/68 2927

## CLAIMS AS FILED - PART I

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  | 12              |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 12 minus 20 = * |              |
| INDEPENDENT CLAIMS  | 2 minus 3 = *   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

SMALL ENTITY  
TYPE ☐OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 740    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## 11/8/04 CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 16                             | Minus ** 20                        | =             |
| Independent   | * 3                              | Minus *** 9                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE       | ADDI-<br>TIONAL<br>FEE |    | RATE       | ADDI-<br>TIONAL<br>FEE |
|------------|------------------------|----|------------|------------------------|
| X\$ 9=     |                        | OR | X\$18=     |                        |
| X42=       |                        | OR | X84=       |                        |
| +140=      |                        | OR | +280=      |                        |
| TOTAL      |                        | OR | TOTAL      |                        |
| ADDIT. FEE |                        | OR | ADDIT. FEE |                        |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDI-<br>TIONAL<br>FEE |    | RATE       | ADDI-<br>TIONAL<br>FEE |
|------------|------------------------|----|------------|------------------------|
| X\$ 9=     |                        | OR | X\$18=     |                        |
| X42=       |                        | OR | X84=       |                        |
| +140=      |                        | OR | +280=      |                        |
| TOTAL      |                        | OR | TOTAL      |                        |
| ADDIT. FEE |                        | OR | ADDIT. FEE |                        |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDI-<br>TIONAL<br>FEE |    | RATE       | ADDI-<br>TIONAL<br>FEE |
|------------|------------------------|----|------------|------------------------|
| X\$ 9=     |                        | OR | X\$18=     |                        |
| X42=       |                        | OR | X84=       |                        |
| +140=      |                        | OR | +280=      |                        |
| TOTAL      |                        | OR | TOTAL      |                        |
| ADDIT. FEE |                        | OR | ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."